

PTO/SB/81 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

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Application Number	10/561,740
Filing Date	December 20, 2005
First Named Inventor	Ofor GLASBERG
Title	Hepatic Device for Treatment...
Art Unit	not assigned
Examiner Name	not assigned
Attorney Docket Number	MET095.233411

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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☐ Practitioner(s) named below:

Name	Registration Number

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	10/3/06
Name	Tamir Harel	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>[Signature]</i>	Date	9.5.06
Name	Ofer GLASBERG	Telephone	
Title and Company	Signor Investigator		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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